

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90135 012 \*\*\*\*\*61.25

**DOCUMENT # 764235**

1. Entity Name

**THE CHILD ADVOCACY BOARD OF PALM BEACH COUNTY, I  
NC.**



Principal Place of Business

**810 DATURA STREET  
FIRST FLOOR  
WEST PALM BEACH FL 33401**

Mailing Address

**810 DATURA STREET  
FIRST FLOOR  
WEST PALM BEACH FL 33401**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SILBER, ILENE  
230 S. DIXIE HWY #200  
LAKE WORTH FL 33460**

7. Name and Address of New Registered Agent

Name

**JACQUELINE MUNIZ**

Street Address (P.O. Box Number is Not Acceptable)

**1919 N. FLAGLER**

**West Palm Beach**

City

**FL**

FL

Zip Code

**33407**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

**JACQUELINE MUNIZ**

(NOTE: Registered Agent signature required when reinstating)

**1/24/03**

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PD** ☒ Delete  
NAME **SCHMIDT, SALLY**  
STREET ADDRESS **423 FERN ST #220**  
CITY-ST-ZIP **WEST PALM BEACH FL 33401**

TITLE **VD** ☒ Delete  
NAME **SILVERMAN, VALERIE**  
STREET ADDRESS **7710 S FLAGLER**  
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE **SD** ☒ Delete  
NAME **SILBER, ILENE**  
STREET ADDRESS **230 S. DIXIE HWY. #200**  
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **VALERIE SILVERMAN**  
STREET ADDRESS **7710 S. FLAGLER**  
CITY-ST-ZIP **West Palm Beach, FL 33405**

TITLE **VD** ☐ Change ☒ Addition  
NAME **Toby BERGER**  
STREET ADDRESS **1515 Palm Beach Lakes Blvd #1400**  
CITY-ST-ZIP **West Palm Beach, FL 33401**

TITLE **SD** ☐ Change ☒ Addition  
NAME **JACQUELINE MUNIZ**  
STREET ADDRESS **1919 N. FLAGLER**  
CITY-ST-ZIP **West Palm Beach, FL 33407**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**1/24/03 561-655-1010**

CR2E037 (10/02)